

## NOTICE OF CORRECTIONS OFFICER SEPARATION

Per RCW43-101-106, this form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) within 15 days of separation; regardless of pending appeals. This form must be signed by the agency head or their designee. If a designee is assigned, they acknowledge the agency head has been briefed on this action.

Section 1: Corrections Officer's Information						
FULL legal name (as reflected on state issued driver's license) (First Middle Last):		Acadis IE	or SSN#:		Gender Identity: ☐ Male ☐ Female	
Agency:  Status:  Officer Deputy Reserve Other:						
Date Of Birth (MM/DD/YYYY): Hire Date		ite (MM/DD/	(MM/DD/YYYY):		Separation Date (MM/DD/YYYY):	
Separated Corrections Officer's Mailing Address: Conto			e #:	Personal Email:		
Section 2: Reason For Separation						
☐ Resignation ☐ Termination ☐ Retirement ☐ Medical ☐ Deceased						
If resignation, retirement or medical separation; did the corrections officer do so in lieu of termination?						
Was the officer under investigation or accussed of any wrongdoing or misconduct at the time of separation? Yes* No						
If the officer was terminated or you checked yes in either box above, a detailed explanation shall be provided below.						
<b>Section 4:</b> This section must be signed by the agency head or designee indicating the agency head is aware of this action.						
I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to corrections officer certification and I understand that falsifying or omitting this required information could be grounds for revocation of my peace officer certification by the WSCJTC.						
Signed this day of, 20, in, Washington.						
Agency Head or Designee Signature						
Printed/Typed Name:	Rank/Title:		Contact Email:		Contact Phone:	

Revised: 12/07/2020